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Application or Docket Number

PATENT	APP	LICATI	ON	FEE	DE	TEF	RMINATION	RECORD
				_ ·				

Effective October 1, 2000

09939497

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CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS		32				1	RATE	FEE		RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE	355.00	ОЯ	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			3 2 _ minus 20=		12			X\$ 9=	216,00	OR	X\$18=	
INDEPENDENT CLAIMS			7 - mir	nus 3 =	*			X40=	320.0		X80=	
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL	13464	OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						SMALL	ENTITY	OR	OTHER SMALL I			
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE,		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	.34	Minus	ت:	32	= 2		X\$ 9=	A STATE OF THE STA	OR	X\$18=	36
AME	Independent	NTATION OF M	Minus	ENDEN	7 TCLAIM	- 7		X40=		OR	X80=	190
_	THO! THESE	ATTAILOTT IN	OETH LE OEF	CHOCH	W OLAW			+135=		OR	+270=	
	1 101						•	TOTAL		OR	TOTAL	
	ansion						,	ADDIT. FEE			ADDIT. FEE	<u>. </u>
_	En Livery vernistration and	(Column 1)	Leve trad immensional		mn 2) HEST	(Column 3)	١.					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	. 34	Minus	8	34	= ~		X\$ 9=		OR	X\$18=	
	Independent	NTATION OF MI	Minus DED	ENDEN.	9 T CLAIM			X40=		OR	X80=	
	FINOT FRESE	NIATION OF MI	OCTIFEE DEF	LINDEIN	COAIM		, [+135=		OR	+270=	
			•				4	TOTAL ADDIT, FEE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	NITATION OF 1	Minus	CNIDEN	T CL AIR	<u> - </u>	1	X40=		OR	X80=	
	FIHST PHESE	NTATION OF M	OLTIPLE DEP	CNDEN	CLAIN		1	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **ADDIT FEE												
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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